

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Divisional

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Proteosome Influenza Vaccine

Attorney Docket Number:: 021989-000411US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: S.  
Family Name:: Burt  
Name Suffix::  
City of Residence:: Ormeaux (Quebec)  
State or Province of Residence::  
Country of Residence:: Canada  
Street of Mailing Address:: 23 Lesage  
City of Mailing Address:: Ormeaux (Quebec)  
State or Province of mailing address::  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: H9A 1Z5

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: H.  
Family Name:: Jones  
Name Suffix::  
City of Residence:: Baie D'Urfe (Quebec)  
State or Province of Residence::  
Country of Residence:: Canada  
Street of Mailing Address:: 20, Lakeview  
City of Mailing Address:: Baie D'Urfe (Quebec)  
State or Province of mailing address::

Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: H9X 3B1

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: George  
Middle Name:: H.  
Family Name:: Lowell  
Name Suffix::  
City of Residence:: Hampstead (Quebec)  
State or Province of Residence::  
Country of Residence:: Canada  
Street of Mailing Address:: 185, Crescent  
City of Mailing Address:: Hampstead (Quebec)  
State or Province of mailing address::  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: H3X 2K4

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gregory  
Middle Name:: L.  
Family Name:: White  
Name Suffix::  
City of Residence:: Montreal (Quebec)  
State or Province of Residence::  
Country of Residence:: Canada  
Street of Mailing Address:: 475, Coronet  
City of Mailing Address:: Montreal (Quebec)

State or Province of mailing address::  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: H9W 2G1

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Kirkor  
Middle Name::  
Family Name:: Torossian  
Name Suffix::  
City of Residence:: Verdun (Quebec)  
State or Province of Residence::  
Country of Residence:: Canada  
Street of Mailing Address:: 290, Elger #109  
City of Mailing Address:: Verdun (Quebec)  
State or Province of mailing address::  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: H3E1C9

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Louis  
Middle Name:: F.  
Family Name:: Fries  
Name Suffix:: III  
City of Residence:: Columbia  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 5432 Tilted Stone

City of Mailing Address:: Columbia  
State or Province of mailing address:: MD  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 21045

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Martin  
Middle Name::  
Family Name:: Plante  
Name Suffix::  
City of Residence:: Montreal (Quebec)  
State or Province of Residence::  
Country of Residence:: Canada  
Street of Mailing Address:: 6547, Coolbrook  
City of Mailing Address:: Montreal (Quebec)  
State or Province of mailing address::  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: H3X 2N4

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	29,684	Karen B. Dow

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	non-provisional	09/788,280	February 15, 2001
	provisional	60/182,476	February 15, 2000

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name::	ID Biomedical Corporation of Quebec
Street of mailing address::	7150 Frederick Banting, Suite 200
City of mailing address::	Ville St. Laurent
State or Province of mailing address::	Quebec
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	H4S 2A1